

2015 Sexual Violence Primary Prevention Activities Onsite Contract Monitoring

Organization Name:	Department Of Health Contract Manager:	Contract Number:	
Organization Program Director:	Counties Served:	Monitoring Date:	
Organization Representatives at site visit:	Organization Phone Number:	Report Date:	
	Organization Mailing Address:	Follow-up needed?__ Yes __ No	
		Date Needed: _____	
Attachments:	<input type="checkbox"/> Education	<input type="checkbox"/> Hotline	<input type="checkbox"/> Special Project <input type="checkbox"/> Social Norms

PART I. Organization Contract Requirements Provide Evidence of the Following:	Not Met	Met	N/A	Comments
A. Staffing.				
1. Required documents and data entry for DOH contract are accomplished by due dates.				
2. Notification of staff changes (for staff paid by the contract).				
3. Timesheets signed by supervisors for staff paid by the contract.				
4. Written personnel policies and procedures manual maintained and accessible to staff.				
5. List of staff paid by the contract that have a background screening, date screened, & by which organization.				
B. Organization Subcontracts				
1. Section I, I, 1-5 Assignments & Subcontracts of the standard contract is being met. Contract Manager has been provided with most recent copy of subcontract.				
C. Community Outreach				
1. If paid for by DOH contract funds, all publications, media or program advertisements are pre-approved by SVPP and contain DOH and Centers for Disease Control & Prevention (CDC) required verbiage.				
2. Television or radio Public Service Announcements, and/or any SVPP posters or educational materials, are documented in the Media Marketing section of SVDR.				
3. The provider has a working relationship with the health department in the county(ies) in which services are provided.				

PART I. Organization Contract Requirements Provide Evidence of the Following:	Not Met	Met	N/A	Comments
C. Community Outreach, Continued				
4. The Community Action Team (CAT) identified four approved quarterly activities to align with at least 3 of 6 strategic plan goals.				
5. The Community Action Team's (CAT) most significant success(s) and challenge(s). Provide short synopsis.				
6. The provider has a plan in place to ensure community services continue in the event of a disaster.				
D. Recordkeeping Requirements				
1. Contract records are kept in a secure and confidential place and retained for the required six years.				
2. The provider ensures that shared costs apportioned to this contract are fair and equitable.				
E. Property and Equipment				
1. The provider does not purchase property or equipment valued at \$1,000 or more with DOH funds.				
2. Service location(s) are accessible and appear to be compliant with the Americans with Disabilities Act (ADA).				
3. Service location(s) are clean, well-organized, and well maintained.				
F. Audit Requirements and Financial Reporting				
1. Expenditures of \$500,000 or greater in state or federal funds are reported to DOH annually.				
2. Audits are submitted to SingleAudits@DOH.state.fl.us as required.				
3. Any weaknesses or reportable conditions in prior fiscal year's audit report have been addressed.				
4. Projected budgets using the SVPP template are submitted to SVPP yearly or as requested.				
5. Quarterly expenditure reports are correct, allowable, and submitted to SVPP by the due dates.				
6. All travel costs appropriated to this contract are processed in accordance with S. 112.061, F.S., and Rule 3A-42, F.A.C, Rules of the Bureau of Auditing, governing travel expenses.				

PART I. Organization Contract Requirements Provide Evidence of the Following:	Not Met	Met	N/A	Comments
G. General Activities				
1. Data has been entered correctly into the Sexual Violence Data Registry (SVDR) and by the due date.				
2. Communication between contract manager and organization staff is effective.				
3. The provider participates in department-sponsored meetings, conferences, and conference calls.				
4. The provider responds to SVPP initiated contact(s) via e-mail, fax, and other means of communication to meet the needs of the contract(s).				
5. The provider is currently on schedule to meet its required contract deliverables.				

PART II. Principles of Effective Primary Prevention Programs. Discuss the following:	Met: Yes / No	Comments
A. Comprehensive: Strategies should include multiple components and affect multiple settings to address a wide range of risk and protective factors of the target population.		
1. Does the program include multiple components?		
2. Does the program provide activities in more than one setting?		
3. Do the activities happen in settings related to the risk and protective factors associated with sexual violence?		
B. Varied Teaching Methods: Strategies should include multiple teaching methods, including some type of active, skills based component.		
1. Does the program include more than one teaching method?		
2. Does the strategy include interactive instruction, such as role-play and other techniques for practicing new behaviors?		
3. Does the strategy provide hands on learning experiences, rather than just presenting information or other forms of passive instruction?		
C. Sufficient Dosage: Participants need to be exposed to enough of the activity for it to have an effect.		
1. Does the strategy provide more than one session?		
2. Does the strategy provide sessions long enough for the program content?		
3. Does the intensity of the activity match the level of risk/deficits of the participants?		
4. Does the strategy include a schedule for follow-up or booster sessions?		
D. Theory Driven: Preventive strategies should have scientific or logical rationale.		
1. Does the program provide (or can you identify) a theory of how the problem behaviors develop?		
2. Does the program articulate a theory of how and why the intervention is likely to produce change?		
3. Based on the model of the problem and the model of the solution, do you believe that the program is likely that the program will produce change?		
E. Positive Relationships: Program/Strategy fosters strong, stable, positive relationships between children and adults.		
1. Does the program provide opportunities for parents and children to strengthen their relationship?		
2. When parents are not available (or in addition to parents), does the strategy offer opportunities for a participant to develop connections with an adult mentor?		
3. Does the strategy provide opportunities for the participant to establish close relationships with people other than professional service providers?		
F. Appropriately Timed: Program activities should happen at a time (developmentally) that can have maximum impact in a participant's life.		
1. Does the strategy happen before participants develop the problem behavior?		
2. Is the strategy timed strategically to have an impact during important developmental milestones related to the problem behavior?		
3. Does the activity content seem developmentally (intellectually, cognitively) appropriate for the target population?		

PART II. Principles of Effective Primary Prevention Programs Discuss the following:	Met: Yes / No	Comments
G. Socio-culturally Relevant: Programs should be tailored to fit within cultural beliefs and practices of specific groups, as well as local community norms.		
1. Does the strategy appear to be sensitive to the social and cultural realities of the participants?		
2. If not, are you capable of making the changes that are needed to make it more appropriate?		
3. Is the strategy flexible to deal with special circumstances or individual needs of potential participants?		
4. Is it possible to consult some potential participants to help you evaluate and/or modify the strategy?		
H. Outcome Evaluation: A systematic outcome evaluation is necessary to determine whether a program or strategy worked.		
1. Is there a plan for evaluating the program?		
2. Does the evaluation plan provide feedback prior to the end of the program?		
3. Is there a plan for receiving feedback throughout the program development and implementation?		
I. Well-Trained Staff: Programs need to be implemented by staff members who are sensitive, competent, and have received sufficient training, support, and supervision. Follow up (booster) training and technical assistance to staff are critical.		
1. Is there sufficient staff to implement the program?		
2. Has the staff received sufficient training and supervision and support to implement the program properly?		
3. Will efforts be made to encourage stability and high morale in the staff members who will provide the program?		

	PART III. Required Contract Documents:	Yes	No	NA
1.	Delegation of Authority (if signature of invoice is different than signature of contract)			
2.	Resume for each staff whose salary is paid from DOH contract funds			
3.	Resume for each volunteer who functions in a position that provides services required by contract			
4.	Position Descriptions (indicating that the percentage of time for DOH contract equals the percentage of salary paid by DOH)			
5.	License copies (if applicable) ex. Therapists paid from DOH contract funds should send a copy of their license			
6.	Disclosure/confidentiality agency policy signed by staff whose salary is paid from DOH contract funds & volunteers who functions in a position that provides services required by contract (Adherence to FS 110 HIPPA)			
7.	Primary Prevention Activities (PPA) Educator Verification Forms (if applicable)			
8.	Sexual Assault & Hotline Personnel Verification Forms (if applicable)			
9.	Update federal W-9 form (Request for Taxpayer Identification & Certification) on file with Dept. of Financial Services (DFS)			
10.	Civil Rights Compliance Checklist (updated annually)			
11.	Current insurance(s) coverage:			
	• Liability (for lawsuits) & Casualty (loss of property)			
	• Worker's Compensation			
	• Professional Liability			
	• Employee Fidelity (Bonding for money handlers)			
	• Automobile (if applicable)			
	• Fire & Theft			
12.	Current corporate registration from the Florida Department of State			
13.	Most recent copy of the organization's IRS 990 form.			
14.	Proof of having used E-Verify to verify the employment eligibility of all <u>new employees</u> hired during the contract term by the Provider. The Provider shall also include a requirement in subcontracts that the subcontractor shall utilize the E-Verify system to verify the employment eligibility of all <u>new employees</u> hired by the subcontractor during the contract term. https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES			
15.	Proof of DUNS (Data Universal Numbering System) number and registration with federal Central Contractor Registry (CCR).			
16.	County Health Departments only: Confirm that staff paid with federal funds are signing Single Federal Award Certifications every six months (January and July) and maintaining forms in their contract files.			

2015 Sexual Violence Primary Prevention Activities Onsite Contract Monitoring

Summary Report

- 1. Summary of observations and findings:**
- 2. Strengths and commendations:**
- 3. Suggestions for program improvement:**
- 4. Supportive documentation required for contract file:**
- 5. Corrective actions required:**
- 6. Does organization have a need for technical assistance from Sexual Violence Prevention Program?**
- 7. Does organization have suggestions/recommendations for Sexual Violence Prevention Program?**

2015 Victim Services Onsite Programmatic Monitoring

Organization Name:	DOH Contract Manager:	Contract Number:
Organization Program Director:	Contract Type(s):	Monitoring Date:
Organization Representatives at site visit:	Organization Phone Number:	Report Date:
	Organization Mailing Address:	Follow-up needed? __ Yes __ No
		Date Needed:

PART I. Organization Contract Requirements Provide Evidence of the Following:	Not Met	Met	N/A	Comments
A. Staffing.				
1. Required documents and data entry for DOH contract are accomplished by due dates.				
2. Notification of staff changes (for staff paid by the contract).				
3. Timesheets signed by supervisors for staff paid by the contract.				
4. Written personnel policies and procedures manual maintained and accessible to staff.				
5. List of staff paid by the contract that have a background screening, date screened, & by which organization.				
B. Organization Subcontracts				
1. Section I, I, 1-5 Assignments & Subcontracts of the standard contract is being met.				
C. Community Outreach				
1. If paid for by DOH contract funds, all publications, media or program advertisements are pre-approved by SVPP and contain DOH and Centers for Disease Control & Prevention (CDC) required verbiage.				

PART I. Organization Contract Requirements Provide Evidence of the Following:	Not Met	Met	N/A	Comments
C. Community Outreach (continued)				
2. Television or radio Public Service Announcements plus any SVPP posters or educational materials are documented in the Media Marketing section of SVDR.				
3. Four quarterly Community Action Team (CAT) activities are identified and approved.				
4. Community Action Team (CAT) activities align with at least 3 of the 6 strategic plan goals.				
5. Provide a short synopsis of the Community Action Team's (CAT) most significant success(s) and challenge(s)..				
D. Recordkeeping Requirements				
1. Contract records are kept in a secure and confidential place and retained for the required six years.				
2. The provider ensures that shared costs apportioned to this contract are fair and equitable.				
E. Property and Equipment				
1. The provider does not purchase property or equipment valued at \$1,000 or more with DOH funds.				
2. Service location(s) are accessible and appear to be compliant with the Americans with Disabilities Act (ADA).				
3. Service location(s) are clean, well-organized, and well maintained.				
F. Audit Requirements and Financial Reporting				
1. Expenditures of \$500,000 or greater in state or federal funds are reported to DOH annually.				
2. Annually, audits/financial reports are submitted to SingleAudits@DOH.state.fl.us .				
3. Any weaknesses or reportable conditions in prior fiscal year's audit report have been addressed.				
4. Projected budgets using the SVPP template are submitted to SVPP yearly or as requested.				
5. Quarterly expenditure reports are correct, allowable, and submitted to SVPP by the due dates.				

PART I. Organization Contract Requirements; Provide Evidence of the Following:	Not Met	Met	N/A	Comments
G. General Activities				
1. Data has been entered correctly into the Sexual Violence Data Registry (SVDR) and by the due date.				
2. Communication between contract manager and organization staff is effective.				
3. The provider participates in department-sponsored meetings, conferences, and conference calls.				
4. The provider responds to SVPP-initiated contact(s) via e-mail, fax, and other means of communication to meet the needs of the contract(s).				
5. The provider is currently on schedule to meet its required contract deliverables.				

Notes:

2015 Victim Services

PART II. Victim Services Assessment Provide Evidence of the Following:	Not Met	Met	N/A	Comments
A. Programmatic				
1. Monthly Narrative Report is adequately completed.				
2. Program evaluations & data collections are used.				
3. The provider ensures victim services staff possess the education, expertise, professional licensures, or certification to carry out their duties.				
4. All (100%) of primary victim services paid by DOH are reported in the SVDR.				
B. Victim Services Tasks				
1. Provides services to primary victims of sexual assault who are 12 years old and older.				
2. The provider's method of evaluating service delivery (i.e., customer satisfaction & procedures for dealing with customer complaints) is appropriate.				
3. Customer satisfaction survey results are reported to SVPP on the Monthly Narrative Report.				
4. The provider has in place confidential referral agreements with other resources in the community.				
5. Provides/coordinates crisis intervention & counseling.				
6. Provides/coordinates therapy (licensed).				
7. Provides/coordinates advocacy and accompaniment.				
8. Provides/coordinates support group.				
9. Has a referral in place to coordinate medical and forensic exams.				

PART II. Victim Services Assessment Provide Evidence of the Following:	Not Met	Met	N/A	Comments
B. Victim Services Tasks (continued)				
10. Operates, provides access to, or works in conjunction with a 24-hour crisis hotline.				
11. Provides services and referrals for trafficking victims.				
12. At least once each quarter the availability of victim services is advertised to the community and if applicable, CDC & DOH required verbiage is used.				
C. Financial Reporting				
1. The percentage of funds drawn down is equal or greater than the percentage of time into the contract year.				
2. It is anticipated that the funds expended on allowable contract activities will equal 100% of the annual contract award.				
D. Client Files				
Client Files and SVDR Numbers researched and reviewed:				
1.	2.	3.	4.	5.
Findings: Contract manager randomly selected five (5) client id #s from the Sexual Violence Data Registry (SVDR) and invoice backup documentation to check against client files at the site visit for accurate evaluation of primary victim services. These services include Advocacy & Accompaniment, Crisis Intervention & Counseling, Support Group, Therapy and Medical Exams.				
Organization files were retrieved and presented to the contract manager by _____.				
The personnel file timesheets did/did not match the dates and times listed in the client files and on the SVDR.				

	PART III. Required Contract Documents:	Yes	No	NA
1.	Delegation of Authority (if signature of invoice is different than signature of contract)			
2.	Resume for each staff whose salary is paid from DOH contract funds			
3.	Resume for each volunteer who functions in a position that provides services required by contract			
4.	Position Descriptions (indicating that the percentage of time for DOH contract equals the percentage of salary paid by DOH)			
5.	License copies (if applicable) ex. Therapists paid from DOH contract funds should send a copy of their license			
6.	Disclosure/confidentiality agency policy signed by staff whose salary is paid from DOH contract funds & volunteers who functions in a position that provides services required by contract (Adherence to FS 110 HIPPA)			
7.	Primary Prevention Activities (PPA) Educator Verification Forms (if applicable)			
8.	Sexual Assault & Hotline Personnel Verification Forms (if applicable)			
9.	Update federal W-9 form (Request for Taxpayer Identification & Certification) on file with Dept. of Financial Services (DFS)			
10.	Civil Rights Compliance Checklist (updated annually)			
11.	Current insurance(s) coverage:			
	• Liability (for lawsuits) & Casualty (loss of property)			
	• Worker's Compensation			
	• Professional Liability			
	• Employee Fidelity (Bonding for money handlers)			
	• Automobile (if applicable)			
	• Fire & Theft			
12.	Current corporate registration from the Florida Department of State			
13.	Most recent copy of the organization's IRS 990 form.			
14.	Proof of having used E-Verify to verify the employment eligibility of all <u>new employees</u> hired during the contract term by the Provider. The Provider shall also include a requirement in subcontracts that the subcontractor shall utilize the E-Verify system to verify the employment eligibility of all <u>new employees</u> hired by the subcontractor during the contract term. https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES			
15.	Proof of DUNS (Data Universal Numbering System) number and registration with federal Central Contractor Registry (CCR).			
16.	County Health Departments only: Confirm that staff paid with federal funds are signing Single Federal Award Certifications every six months (January and July) and maintaining forms in their contract files.			

2015 Victim Services Onsite Programmatic Monitoring

Summary Report

- 1. Summary of observations and findings:**
- 2. Strengths and commendations:**
- 3. Suggestions for program improvement:**
- 4. Supportive documentation required for contract file:**
- 5. Corrective actions required:**
- 6. Does organization have a need for technical assistance from SVPP?**
- 7. Does organization have suggestions/recommendations for SVPP?**

2015 Sexual Violence Primary Prevention Activities Onsite Monitoring: Education Attachment

Primary Prevention Education Provide Evidence of the Following:	Not Met	Met	N/A	Comments
A. Service Tasks				
1. A DOH approved 30-hour training or a 6-hour annual training for educator and volunteer has occurred prior to presentations.				
2. The curriculum is age appropriate, focuses on primary prevention and is approved by SVPP prior to use.				
3. Supplemental materials are age appropriate and approved by SVPP prior to use. (attach copy)				
4. The presenter has knowledge of pertinent Florida laws and the continuum of sexual violence				
5. Monthly Activities are reported in the SVDR.				
6. Sexual violence prevention presentations adhere to the approved topics as defined in the contract.				
7. The provider obtains first name only on sign-in sheets for each presentation.				
8. The "Tell Us What You Think..." form is completed by 75% or more of attendees.				
9. Seventy-five percent (75%) or more of the polled attendees answered "Excellent or Good" to the question "Your Opinion of the Program Overall" on the "Tell Us What You Think..." form.				
10. Pre-tests are administered at the first multi-session presentation, and post-tests are administered at the last multi-session presentation at least 75% of the time.				
B. Financial Reporting				
1. The percentage of funds drawn down is equal or greater than the percentage of time into the contract year.				
2. It is anticipated that the funds expended on allowable contract activities will equal 100% of the annual contract award.	Yes/No			

C. Primary Prevention Education Observation:

Presenter:		Date:	
Location:			
Audience Type:		# Participants:	
Duration of Session			

If video used, name/length:

1. In general, how clear were the facilitator’s explanations of activities?

1	2	3	4	5
Not clear		Somewhat Clear		Very Clear

- 1 - Most participants do not understand instructions and cannot proceed; many questions asked.
- 3 - About half of the group understands, while the other half ask questions for clarification.
- 5 - 90-100% of the participants begin and complete the activity/discussion with no hesitation and no questions.

2. To what extent did the facilitator keep track of time during the session and activities?

1	2	3	4	5
Ran out of time		Misses a few points		Completes all content

- 1 - Educator does not have time to complete the material (particularly at the end of the session); regularly allows discussions to drag on (e.g., participants seem bored or begin discussing non-related issues in small groups).
- 3 - Misses a few points; sometimes allows discussions to drag on.
- 5 - Completes all content of the session; completes activities and discussions in a timely manner (using the suggested time limitations in the program manual, if available).

3. To what extent did the presentation of materials seem rushed or hurried?

1	2	3	4	5
Very rushed		Somewhat rushed		Not rushed

- 1 - Implementer doesn't allow time for discussion; doesn't have time for examples; tells participants they are in a hurry; body language suggests stress or hurry.
- 3 - Some deletion of discussion/activities; sometimes states but does not explain material.
- 5 - Does not rush participants or speech but still completes all the materials; appears relaxed.

4. How actively did the group members participate in discussions and activities?

1	2	3	4	5
Little Participation		Some Participation		Active Participation

Use your best judgment based on participant conversations and feedback. Roughly: 1 - Less than 25% seem to understand; 3 - About half; 5 - 75-100% understand

C. Primary Prevention Education Observation (continued):

6. On the following scale, rate the facilitator on the following qualities:

a) Knowledge of the program

1	2	3	4	5
Poor		Average		Excellent

1 - Cannot answer questions, mispronounces names; reads from the manual.

5 - Provides information above and beyond what's in the manual; seems very familiar with the concepts and answers questions with ease.

b) Level of enthusiasm

1	2	3	4	5
Poor		Average		Excellent

1 - Presents information in a dry and boring way; lacks personal connection to material; appears "burned out."

5 - Makes clear that the program is a great opportunity; gets participants talking and excited; outgoing.

c) Poise and confidence

1	2	3	4	5
Poor		Average		Excellent

1 - Appears nervous or hurried; does not have good eye contact.

5 - Does not hesitate in addressing concerns. Well organized, not nervous.

d) Rapport and communication with participants

1	2	3	4	5
Poor		Average		Excellent

1 - Doesn't remember names; does not "connect" with participants; acts distant or unfriendly.

5 - Gets participants talking and excited; very friendly; uses people's names when appropriate; seems to understand the community and its needs.

e) Effectively addressed questions/concerns

1	2	3	4	5
Poor		Average		Excellent

1 - Engages in "power struggles"; responds negatively to comments; gives inaccurate information; doesn't direct participants elsewhere for further info.

5 - Answers questions of fact with information, questions of value with validation; if doesn't know the answer, is honest about it and directs them elsewhere.

7. Rate the overall quality of the program session.

1	2	3	4	5
Poor		Average		Excellent

C. Primary Prevention Education Observation, Continued:

Summary measure of all the preceding questions.

Assesses both the extent of material covered and the performance of the implementer.

Excellent sessions looks like:

- Participants are doing rather than talking about activities
- Non-judgmental responses to questions
- Answering questions of fact with information, questions of value with validation
- Good time management and well organized
- Adequate pacing-not too fast and did not drag
- Using effective checks for understanding.

Poor sessions look like:

- Lecture-style of presenting the content
- Reading the content from the notebook
- Stumbling along with the content and failing to make connections to what has been discussed previously or what participants are contributing.
- Uninvolved participants
- Getting into power struggles with participants about the content.
- Judgmental responses
- Flat affect and boring style
- Unorganized and random
- Loses track of time.

8. Briefly describe any implementation problems you notice including any major changes to the content or delivery of the material; time wasted in getting the session started or finishes, etc.

9. Please note at least one major strength of the session and/or facilitator's delivery of the material:

C. Primary Prevention Education Observation (continued):

10. Other Comments: Use the space below for additional comments regarding strengths or weaknesses of the session, particularly if there is anything that affected your ratings above.

2015 Sexual Violence Primary Prevention Activities Onsite Monitoring: Hotline Attachment

Hotline Assessment Provide Evidence of the Following:	Not Met	Met	N/A	Comments
A. Hotline Service Tasks				
1. Monthly Activities are reported in the SVDR.				
2. A 24-hour toll-free hotline is implemented maintained or enhanced as described by the contract.				
3. A DOH approved 30-hour training or a 6-hour annual training for staff and volunteers has occurred prior to answering the hotline.				
4. The Training Certification forms for Hotline Staff and Volunteers are completed and sent to DOH.				
5. A signed letter submitted by the organization indicates the hotline provided 24-hour, 7-day week sexual violence information and referral coverage by trained staff or volunteers.				
6. Language assistance is available to non-English speaking hotline clients & is reported to SVPP on the Hotline Year-End Summary Report				
7. All hotline advertisements contain the following, "TDD users may call through Florida Relay Service at 1-800-955-8771" (or 711).				
8. If indicated, proof that within 72 hours of interruption in hotline service, the problem was resolved.				
9. At least once each quarter the hotline is advertised and if applicable, CDC & DOH required verbiage is used.				
10. Hotline is answered by a trained advocate; not a pager, answering machine, voice mail or answering service.				
11. Hotline calls are answered "rape crisis hotline", "hotline", "helpline" or "crisis line".				
12. The hotline has at least one bypass feature to accommodate more than one call at a time.				
B. Financial Reporting				
1. It is anticipated that the funds expended on allowable contract activities will equal 100% of the annual contract award.				

2015 Sexual Violence Primary Prevention Activities Onsite Monitoring: Social Norms Attachment

Social Norms Attachment Provide Evidence of the Following:	Not Met	Met	Exceeded	N/A	Comments
A. Service Tasks					
1. Monthly Narrative Report provides details concerning any progress or setbacks in relation to the campaign.					
2. Timeline of Activities progress is reported monthly.					
3. Program evaluations & data collections are used and synopsis provided.					
4. Provider reviews current rape and rape prevention data as well as relevant background information.					
5. Provider conducts research by surveys, focus groups or observational studies.					
6. Provider prepares and shares with SVPP the market assessment report.					
7. Provider develops creative concepts and pre-approved campaign materials.					
8. Provider implements a social norms campaign for a selected group.					
9. Provider evaluates social norms campaign on an on-going basis.					
10. Provider ensures that information or research is updated with medical data reflecting the most current facts.					
11. Provider submits to SVPP the results of any publication(s).					
12. If used in conjunction with the campaign, the provider submits pre and post survey results.					
13. Does the provider see indications that social norms regarding sexual violence are changing in the specified location? Explain.	Yes/No				

2015 Sexual Violence Primary Prevention Activities Onsite Monitoring: Special Project Attachment

Special Projects Attachment Provide Evidence of the Following:	Not Met	Met	Exceeded	N/A	Comments
A. Service Tasks					
1. Monthly Narrative Report is adequately completed.					
2. Timeline of Activities progress is reported monthly.					
3. Program evaluations & data collections are used.					
4. Pre-approved methods & activities are used to educate the priority population.					
5. Pre-approved pre and post survey questions are used and results are submitted to SVPP.					
6. Concepts of the public health model and socio-ecological model are incorporated into the special project.					
7. Information or research is updated with medical data reflecting the most current facts.					
8. Results of any publication are made available to DOH.					
9. The Nine Principles of Effective Prevention Programs by Nation, M., et.al. (2003). What works in prevention: Principles of Effective Prevention Programs. <i>American Psychologist</i> , 58, 449-456 are incorporated into the project.					
10. Collaborative partners and their roles and responsibilities are reported to SVPP.					
11. Does the educator see indications that social norms re. sexual violence are changing? Please explain.	Yes/No				